

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83521

1. Entity Name

FASTENING SYSTEMS, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90047 029 ***150.00

Principal Place of Business

11425 SAINTS RD
JACKSONVILLE FL 32246
US

Mailing Address

11425 SAINTS RD
JACKSONVILLE FL 32246-3826
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2829574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROSIO, ROBERT M
854 5TH ST
NEPTUNE BEACH FL 32266

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so:
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME HOLMES, ROGERS B.
STREET ADDRESS 6550 ROOSEVELT BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE C
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME LOCKWOOD, P. HOLMES
STREET ADDRESS 6550 ROOSEVELT BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C
NAME ROSIMINI, ANTHONY
STREET ADDRESS 11425 SANOS RD
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE C
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)